

INS. CASE OWNER:

CC6/CTI19017024/Aea3

LKK:
IDAC:ASSIGNMENT

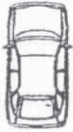
Surveyor:

ADRIAN

DOI: 16/09/2019

Date / Time : 16/09/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SMG 9810D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 13/09/19 10:30

Place of Accident : PIE > JURONG

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMG 9810D

SML 4914U

SGF 7227C



INSRS:

WSP:

Tel :

Liability :

RMKS: OI



INSRS:

WSP:

Tel :

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SML 4914U - X	SMG 9810D - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler Typist
			Notification ltr (if non-pickup)	☐ ☐
			After call ltr to OI:	☐ ☐
			Authorisation To Act:	☐ ☐
			Release Voucher:	☐ ☐
			Final Repair Bill:	☐ ☐
			Car Rental Invoice:	☐ ☐
			Towing Invoice	☐ ☐
			LTA / GIA :	☐ ☐
			Medical Bill:	☐ ☐
			PIR:	☐ ☐
			Mandate/Reject Instruction:	☐ ☐
			LOD	☐ ☐
			Payment Breakdown Form:	☐ ☐

PRELIMINARY ADVICE		Date/Time:	Sent By:		Post-Repair Photos:	☐	☐
					Others:	☐	☐
FINALIZATION		Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$	(	days)	Reduction:	%	Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with		Email ☐ Call ☐		
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :				If NO or B 28, Ass. Lia :	
Repair Cost:	S\$						
Loss of Rental (LOR):	S\$	(	days)				
Loss of Use (LOU):	S\$	(	\$ x days)				
Loss of Income (LOI):	S\$	(	\$ x days)				
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$						
Medical:	S\$						
Disbursement:	S\$	(e.g. Tow/ Independent)				1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$					2) Report Format:	
						3) Survey fee:	
Total:	S\$	Global Sum S\$:					
FINAL PAYMENT		Date/Time:	Confirm with:		Email ☐ Call ☐		
Payee 1:	S\$	Name 1:					
Payee 2: (Strike if N.A.)	S\$	Name 2:					
Payee 3: (Strike if N.A.)	S\$	Name 3:					

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SML4914U

Yr Regn:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mercedes Benz CLA180 c.c

Colour:

Brown.

A/C: Insured / Std / NI / NA

Sp. Reading

62071

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/40R18 -

R:

225/40R18.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

16/09/19.

Survey held at

Flying High.

Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

TP China.

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Formset:

Lump Sum / L.B.I. is

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Week end (\$)

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

TOTAL